

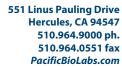


LABORATORY SERVICE REQUEST (LSR) - WATER TESTING

CLIENT INFO											
	structions : Use ONE form fo m as completely as possible. S										
Sp	onsor: (Send Report		Invoice To: (Check Box if same as Sponsor)								
Со	ntact Name:	A	AP Contact Name:								
Со	mpany Name:	C	Company Name:								
Ad	dress:	A	Address:								
Cit	y/State/Zip:	C	City/State/Zip:								
Со	untry:	C	Country:								
Ph	one:	F	Fax:								
Em	nail:			I							
PBL Quote Number: Client P.O. Number:											
Storage Condition: Hazardous: (include MSDS if sample will incur charges for disposal of hazard					' '					ition: (Samples will be discarded 7 days after rwise indicated) (Check one box)	
	20 to 25℃							Return to Sender			
	2 to 8°C	Reactive							Carrier:		
	Other:			Account:							
	Toxic					Dis		Dispo	ose in Municipal waste		
	☐ Other:					Disp			Dispo	ose in hazardous waste	
Use	e separate spreadsheet if	list of samp		fit in the k	pelow spac	es.					
	Sample Name/Sample Description	Date/Time Sampled	Expiration Date	Vol. per Container	No. of Containers	Specification		Metho	od	Requested Test	
1											
2											
3											
4											
5											
6											
7											
	*If HPC, specify volume to test and type of media: Volume Media Type										

**General water testing: (cleaning validation extractions, swab samples, tap water). Testing will be conducted according to USP General Chapters <643> Total Organic Carbon and <645> Water Conductivity. The final report will contain no references to a specification or to a "conforms/fails" status and no out-of-specification investigation will be performed. It is client's responsibility to consult USP General Chapters to the determine status of results.

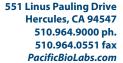
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SERVICE INFO				Non-regulatory	☐ cGMP					
Regulatory Trea										
Rush Services: No Yes (will incur a 50% surcharge)										
Report Format:		PDF		PDF and Paper	Paper	(Note: A fee will apply for paper copy	y of report.)			
OTHER TESTS/SPECIAL INSTRUCTIONS:										
TESTING AUTHO	ORIZI	ED BY	(Plea	se Sign):			DATE:			
(Signature and date, or electronic signature is required for testing to begin; unsigned LSR forms will not be processed)										

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Sample Submission Procedure

TOC

Samples for TOC testing should be collected into (2) 40 mL TOC (Special septum cap) glass vials. (1 for test, 1 extra). If the spigot will be cleaned with an organic solvent for micro sampling, make sure that the TOC sample is taken prior to cleaning. Organic solvents may provide out of specification results. Open the tap and allow the interior surface to be cleaned by a flush of water. Fill the sample vial with fluid, then discard; repeating 3 times prior to filling the vial with the water for testing. Document the appropriate sample ID (location), date and time of sampling for your records, on the LSR (Laboratory Service Request) form and on each vial. Maintain samples at 2-8°C. Do not freeze.

Pacific BioLabs Sampling Supplies: TOC Sample Vials, 40 mL

Conductivity

Please submit 1,000 mL per test. Document the appropriate ID (location), date and time of sampling for your records, on the LSR (Laboratory Service Request) form and on each bottle. These samples do not have to be refrigerated.

Pacific BioLabs Sampling Supplies: Polycarbonate Bottle, 1 Liter or Glass Bottle with Teflon Lined Cap, 1 Liter

Microbiological Analyses

Please submit 120 mL per microbiological analysis. This testing must be performed within 48 hours of the sample collection time in order to receive accurate microbial counts. Please collect the sample(s) as late in the day as possible. Ship the sample(s) for Next-Day delivery by 8:00 AM (if at all possible). This will help to ensure that your samples are received, processed into the lab and the testing performed within the allotted time frame. Document the appropriate ID (location), date and time of sampling for your records, on the LSR (Laboratory Service Request) form and on each specimen cup. Maintain samples at 2-8°C. Do not freeze.

Total Heterotrophic Plate Count - Please specify amount of sample submitted that Pacific BioLabs is to test. *Pacific BioLabs Sampling Supplies: Specimen Cups, Sterile, 120 mL*

Bacterial Endotoxin

Please indicate your endotoxin limit on your paperwork. The USP does not state an endotoxin limit for purified water. Fill 1 sterile, non-pyrogenic 15 mL test tube to capacity. Document the appropriate ID (location), date and time of sampling for your records, on the LSR (Laboratory Service Request) form and on each tube. Maintain samples at 2-8°C. Do not freeze.

Pacific BioLabs Sampling Supplies: Test Tubes, Sterile, Non-pyrogenic, 15 mL

Particulate Matter

Samples for particulate are generally stored and shipped at the normal storage conditions for the product. Please indicate on your paperwork if you would like us to perform the test with the light obscuration or microscopic method. Samples should be taken in precleaned containers for bulk product. All other samples are sent in the regular packaging. For products that are < 25 mL each container, the USP requires a minimum of 10 pooled containers with a total volume of not less than 20 mL. Products that are greater than/equal to 25 mL each may be tested individually but are reported per container as required for small volume samples. If you expect your sample to fail the light obscuration test, please submit double this amount since this method uses 15 mL and we will need to request additional sample in order to perform the microscopic method.

Please note that Pacific BioLabs subcontracts this testing to a Pacific BioLabs audited facility.

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